

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 39/039176  
APPLICANT(S) \_\_\_\_\_

FILING DATE \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51	8/					
2							52	9/					
3							53	10/					
4							54	11/					
5							55						
6							56						
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17							67						
18							68						
19	1/						69						
20							70						
21							71						
22							72						
23		1/					73						
24							74						
25		3/					75						
26							76						
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42							92						
43							93						
44							94						
45							95						
46							96						
47		4/					97						
48		5/					98						
49		6/					99						
50		7/					100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	9						TOTAL DEP.						
TOTAL CLAIMS	11						TOTAL CLAIMS						